

HCS SB 831 -- PROFESSIONAL LICENSURE

SPONSOR: Wasson

COMMITTEE ACTION: Voted "Do Pass with Amendments" by the Standing Committee on Professional Registration and Licensing by a vote of 12 to 4. Voted "Do Pass with HCS" by the Select Committee on General Laws by a vote of 9 to 0.

This bill provides the acceptable ways in which a professional licensee may submit payment, application, requests for educational time extensions, or notify his or her licensing board for changes to items required as part of licensure to the Division of Professional Registration or its component boards, committees, offices, and commissions.

This bill clarifies that only specified board certified neurologists may recommend hemp extract and sign the statement authorizing its use as part of the treatment plan of a patient diagnosed with intractable epilepsy. The bill specifies that an individual or health care entity organized under the laws of this state cannot be subject to any adverse action by the state or any of its agencies, including civil, criminal, and administrative penalties, if the person or entity, in its normal course of business and within its applicable licenses and regulations, acts upon or in furtherance of a statement, order, or recommendation by an authorized neurologist involving the medical use, possession, handling, storage, transfer, destruction, dispensing, or administration of hemp extract with respect to an eligible patient. It requires individuals or health care entities to act in good faith to receive protection and benefit of these provisions.

This bill authorizes the State Board of Nursing, Board of Pharmacy, Missouri Dental Board, State Committee of Psychologists, State Board of Chiropractic Examiners, State Board of Optometry, Missouri Board of Occupational Therapy, or State Board of Registration for the Healing Arts within the Department of Insurance, Financial Institutions and Professional Registration to individually or collectively enter into a contractual agreement with the Department of Health and Senior Services, a public institution of higher education, or a nonprofit entity for the purpose of collecting and analyzing workforce data. Information may be obtained from each board's licensees, registrants, or permit holders for future workforce planning and to assess the accessibility and availability of qualified health care services and practitioners in Missouri.

This bill also changes the laws regarding collaborative practice arrangements between advanced practice registered nurses and physicians, collaborative practice arrangements between assistant

physicians and physicians, and supervisor agreements between physician assistants and physicians. Currently, an advanced practice nurse, assistant physician or physician assistant must have the collaborating or supervising physician review a minimum of 10% of his or her charts every 14 days. This bill states that the collaborating or supervising physician does not need to be present at the health care practitioner's site when performing reviews. The bill waives the one month requirement of practicing with the collaborating physician when the collaborative physician is new to a patient population that the collaborating advanced practice registered nurse, physician assistant, or assistant physician is already familiar.

This bill establishes this state as a member of a compact to facilitate the interstate practice of physical therapy. The compact will become effective after it has been approved by 10 member states. The bill outlines specific requirements that a state must complete in order to participate in the compact and that a licensee must adhere to in order to exercise privileges thereunder.

Currently, the Nursing Education Incentive Program is administered by the Department of Higher Education. This bill makes the State Board of Nursing the administrative agency responsible for implementing the program.

This bill establishes a new nursing licensure compact in which states who are members of the compact may issue multi-state nursing licenses. A multi-state nursing license shall authorize a nurse to practice under a multi-state licensure privilege in each party state. The bill does not affect the requirements established by a party state for the issuance of a single-state license. This compact shall become effective and binding on the earlier of the date of legislative enactment of this compact by no less than 26 states or December 31, 2018. All party states to this compact that were also parties to the prior nurse licensure compact shall be deemed to have withdrawn from the prior compact within six months after the effective date of this compact. Under the bill, a party state must adopt procedures for considering the criminal history of applicants for an initial multi-state license and require an applicant for multi-state licensure to submit fingerprints for a criminal background check.

This bill provides that the statutory prohibition of the unlawful practice of optometry shall not apply to students enrolled in an accredited school of optometry training under the direct supervision of a physician or optometrist.

This bill establishes guidelines for the regulation of occupations

and professions not regulated prior to January 1, 2017 and guidelines for new boards or commissions created after July 1, 2016.

This bill provides that a pharmacist may dispense varying quantities of maintenance medication per fill up to the total number of dosage units as authorized by the prescriber, unless the prescriber has specified that dispensing a prescription for maintenance medication in an initial amount is medically necessary. When the dispensing of the maintenance medication is based on refills then the pharmacist shall dispense no more than a 90 day supply and the patient must have already been prescribed the medication for three months.

This bill extends the sunset provision for coverage of early refills of prescription eye drops from January 1, 2017 to January 1, 2020.

This bill allows physician assistants in a collaborative practice arrangement with the attending physician to determine that the physical or chemical restraint, isolation, or seclusion of a patient in a mental health facility or program is or is not necessary.

This bill is similar to HB 1850, HB 1465, HB 2328, SB 835, SB 836, HB 1466, SB 973, SB 985, SB 868, HB 2043, and SB 1056 (2016) and HB 1183 (2015).

PROPONENTS: Supporters say that this bill will modernize the professional licensure system. The Division of Professional Registration has already updated its computer system to accommodate these new changes to the licensure process.

Testifying for the bill were Senator Wasson; Missouri Division of Professional Registration; and the Missouri Association of Realtors.

OPPONENTS: There was no opposition voiced to the committee.